



1300 S. Evergreen Park D  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
TTY: 360-586-8203  
or  
1-800-416-5289  
email: [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

## PASSENGER CHARTER AND EXCURSION CARRIER SERVICES

**This application packet contains the following information:**

- ☐ Application Forms
- ☐ Checklist
- ☐ [WAC 480-30](#) Passenger Transportation Rules
- ☐ "Your Guide to Achieving a Satisfactory Safety Record"

You **may not begin** operations as a charter and excursion carrier service until you are granted authority and a certificate is issued to you by the Utilities & Transportation Commission (UTC). You must also obtain a USDOT number from the [Federal Motor Carrier Safety Administration](#) (FMCSA).

**Insurance/Bond:** Contact your insurance agent to provide verification of bodily injury and property damage insurance (Form E) or a surety bond (Form G) covering each motor vehicle you operate in Washington. The insurance or a surety bond must be at the following minimum levels:

Motor vehicles that:	Must have insurance or a surety bond at the following minimum levels:
Have a passenger seating capacity of fifteen or less (including the driver)	\$1,500,000 combined single limit coverage
Have a passenger seating capacity of sixteen or more (including the driver)	\$5,000,000 combined single limit coverage

**Regulatory Fees:** Initial regulatory fees of \$25 per vehicle are due at the time application is made. Thereafter, annual regulatory fees of \$25 per vehicle are due by December 31 of each year.

**Equipment List/Inspection:** Describe the equipment that will be used. Once all application and insurance requirements are met, our Compliance staff will contact you to make arrangements to have your vehicles inspected. Vehicles must be inspected and have a valid Commercial Vehicle Safety Alliance (CVSA) decal attached before a charter and excursion carrier service certificate will be issued.

## **CHECKLIST**

**Please complete and/or include the following items with your Passenger Charter and Excursion Carrier Services application:**

- ☐ Indicate the type of Application
  - If applying for a new certificate, complete entire application and pay applicable fee along with the regulatory fee for each vehicle.
  - If applying for a transfer, complete the entire application, pay applicable fees and include Attachment A.
- ☐ Type of Payment
  - Credit card - complete the enclosed Type of Payment page and sign. Fax the completed application to 360-586-1181; or
  - Scan and email to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov), or
  - If paying by check or money order – mail the completed application with fees of \$200, plus, \$25 per vehicle, and attachments to:

Washington Utilities and Transportation Commission

P.O. Box 47250

Olympia, WA 98504-7250

### **Section 1 – Applicant Information**

- ☐ Legal Name must match your registered name with Business Licensing Services.
- ☐ Trade Name(s) if any. If you plan on using other names than your legal name, include them on the application. They also must be registered with Business Licensing Services.
- ☐ Include Mailing address and Physical address, if different.
- ☐ Record your Unified Business Identifier (UBI#).(business license number);
- ☐ If corporation or LLC, you must be registered with Secretary of State’s Office. Also list the names, titles, and percentages of ownership/members of business.
- ☐ Record your USDOT number. This is a requirement for intrastate passenger carriers. The legal name and trade name must match exactly how applying for this authority.
- ☐ Describe the type of tours/excursions you plan on providing. (attach additional sheets if needed)

### **Section 2 - Equipment**

- ☐ List all vehicles that will be used to transport passengers. The equipment will be inspected once all requirements are met and we have insurance on file.

### **Section 3 – Safety and Operations**

- ☐ Indicate the name and position of the person that will be responsible for these requirements.

### **Section 4 – Declaration of Applicant**

- ☐ Sign and date.

### **Insurance**

- ☐ Contact your insurance agent and request a Form E filing (combined single limit of public liability and property damage). The insurance must be in your **legal name**. We will accept a Binder or Certificate of Liability for up to 60 days or until the Form E is received. The Binder or Certificate of Liability must show the Washington Utilities & Transportation Commission as the certificate holder. Mail, fax or email to the above address or email address.

**\*\*Once all requirements are met and insurance is received, we will set up an inspection of your vehicles.**



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## APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICES CERTIFICATE

(For Official Use Only) 111 0268 232 01	Company ID:	Docket TE-
111 0268 232 02	Date Filed:	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:
Receipt ID:	Payment ID:	CH -

Passenger Charter and Excursion Carrier Services <a href="#">WAC 480-30</a>	<u><b>Fee Required</b></u>
<input type="checkbox"/> <b>New Authority</b>	<b>\$200.00</b>
<input type="checkbox"/> <b>Transfer</b> an existing certificate to a new owner or business structure. <ul style="list-style-type: none"> <li><input type="radio"/> If transfer, complete Attachment A.</li> </ul>	<b>\$200.00</b>
<input type="checkbox"/> <b>Reinstate</b> a previously cancelled certificate; <a href="#">WAC-480-30-121</a> .	<b>\$200.00</b>
<b>Plus,</b>	
<input type="checkbox"/> <b>Regulatory Fee</b> - In accordance with <a href="#">RCW 81.70.350</a> "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.	
<b>Total number of vehicles to be operated _____ x \$25 per vehicle</b>	<b>= \$ _____</b>
<b>Total due (\$200, plus, \$25 per vehicle)</b>	<b>= \$ _____</b>
<input type="checkbox"/> <b>Name Change</b> - WAC <a href="#">480-30-146</a>	<b>\$ 35.00</b>
Application to change a company's corporate name, change a trade name, add a new trade name or change the surname of an individual owner or partner.	
<b>Company Name:</b> _____	

## TYPE OF PAYMENT

☐ Check    ☐ Money Order

Amount \$ \_\_\_\_\_

☐ Amex    ☐ Discover    ☐ Mastercard    ☐ Visa

Expiration Date \_\_\_\_\_

Credit Card number:

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CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Company Name: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

If paying by credit card, fax your application to 360-586-1181 or scan and email to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

If paying by check or money order, mail the completed application with fees and attachments to:

Washington Utilities and Transportation Commission  
P.O. Box 47250  
Olympia, WA 98504-7250



## **SECTION 1 – APPLICANT INFORMATION**

**Legal Name:** \_\_\_\_\_  
The legal name must match your registration with [Department of Revenue](#)

**Trade Name(s) (if any):** \_\_\_\_\_  
Trade name(s) must be registered under your [UBI number](#)

### **Mailing Address:**

### **Physical Address:**

Street \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

UBI #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

### **Type of business structure**

☐ Individual      ☐ Partnership      ☐ Corporation      ☐ Other (LP, LLP, LLC)

If a Partnership, Corporation, or Other, list the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other certificates or permits held with the commission: \_\_\_\_\_

USDOT # \_\_\_\_\_ If you don't have a USDOT #, go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact the Washington State Patrol at 360-596-3810 for assistance.

### **Business Operations**

Describe the type of tours/excursions you plan on providing: \_\_\_\_\_

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## **SECTION 2 – EQUIPMENT**

*(Attach additional sheets if necessary)*

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity

## **SECTION 3 – SAFETY AND OPERATIONS**

In each of the categories shown below, list the person and position responsible for understanding and complying with the [Federal Motor Carrier Safety Regulations \(FMCSR\)](#) and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

### **SAFETY RESPONSIBILITIES**

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

**Name:**

**Position:**

OPERATIONAL RESPONSIBILITIES	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
<b>ANNUAL REPORTS AND REGULATORY FEES.</b> You must file an annual safety report and pay regulatory fees by December 31 of each year.	
<b>Name:</b>	<b>Position:</b>
<b>STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.</b> You must comply with the regulations of local, state, and federal agencies such as, <u>but not limited to:</u> <a href="#">Department of Labor and Industries</a> , <a href="#">Department of Licensing</a> , <a href="#">Secretary of State</a> , Department of Revenue, <a href="#">Internal Revenue Service</a> and Employment Security.	
<b>Name:</b>	<b>Position:</b>

#### **SECTION 4 – DECLARATION OF APPLICANT**

I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

**Printed name of applicant** \_\_\_\_\_

**Signature of applicant** \_\_\_\_\_

Date \_\_\_\_\_ County, State \_\_\_\_\_

## **ATTACHMENT A**

### **JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY**

Current Name on Certificate (Seller): \_\_\_\_\_

Current Trade Name on Certificate (Seller): \_\_\_\_\_

Address (Seller): \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Phone Number (Seller) \_\_\_\_\_

Have all fines or penalties owed to the Commission been paid? ☐ No ☐ Yes

Has the closing safety report been filed with the Commission? ☐ No ☒ Yes

Does the buyer agree to begin service as soon as the Commission authorizes the transfer?

↑

☐ Yes ☐ No,

If not, then when? \_\_\_\_\_

### **RELEASE OF AUTHORITY**

I, the seller have sold or otherwise released interest in my Charter/Excursion Certificate authority CH- \_\_\_\_\_ to the following:

Name of Buyer: \_\_\_\_\_

Trade Name of Buyer: \_\_\_\_\_

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

\_\_\_\_\_  
Seller's signature

\_\_\_\_\_  
Date and Location

\_\_\_\_\_  
Buyer's Signature

\_\_\_\_\_  
Date and Location